

By Dr Shireen Kassam and Dr Saima Ajaz

What is metabolic dysfunction-associated steatotic liver disease (MASLD)?

It is the new term for the condition previously known as non-alcoholic fatty liver disease (NAFLD).



It is a term used for a wide range of conditions caused by a build-up of fat in your liver cells.

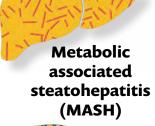


There are four stages:

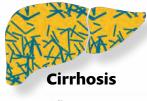
Fatty liver (hepatic steatosis); metabolic associated steatohepatitis (MASH) which causes fibrosis (scarring) and can progress to; cirrhosis, scarring of your liver that cannot be reversed.



If you progress to liver cirrhosis, you are at risk of your liver struggling to do its job (**liver decompensation/failure**), developing enlarged veins within your food pipe (oesophageal varices) that can bleed, and **liver cancer**.



masld is one of the commonest causes of liver disease, affecting almost 40% of people globally.



It is also the fastest growing cause of liver cancer and one of the commonest reasons for needing a liver transplant.



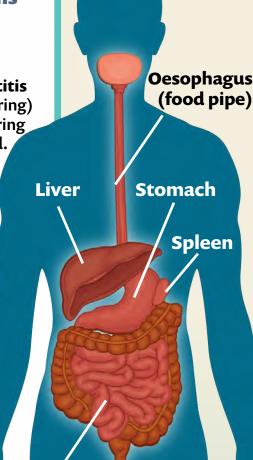
The disease is driven by obesity, insulin resistance, high blood lipids, and inflammation that leads to accumulation of fat in the liver.

In the clinic, MASLD is defined by the presence of hepatic steatosis with at least one of five cardiometabolic risk factors:

- BMI > 25, >23 in Black and Asian ethnicities
- prediabetes or diabetes
- high blood pressure (hypertension)
- high blood lipids (hyperlipidemia)

Gut

(nyperlipidemia) • low HDL-cholesterol





What causes MASLD?

It is primarily driven by **lifestyle factors** and is therefore preventable and reversible.

Key risk factors include:

- the consumption of excess calories
- a 'Western-style' diet (high in meat, saturated fat, ultraprocessed foods and sugar)
- a lack of physical activity

based diet has a key role to play in preventing and

people at highest risk of MASLD are those living with obesity and type 2 diabetes

Screening and diagnosis

Most screening tests involve a **blood test** score and/or a liver stiffness and fat measurement. In some situations, a liver biopsy may be required.

Management

With limited pharmaceutical options, the primary strategy for managing MASLD is lifestyle modification to reduce fat accumulation within the liver and prevent progression of the disease to **cirrhosis.** This can be achieved through weight loss, exercise and improved management of metabolic risk factors such as diabetes.



Role of a plant-based diet

die die stables A healthy whole food plant-

managing MASLD. This type of diet is centred around fruit, vegetables, whole grains, beans, nuts and seeds, whilst including lots of herbs and spices and mainly water for hydration. It minimises or avoids all animal foods and ultraprocessed foods.

Drink Water A whole food plant-based plate





There are a number of advantages of eating a whole food plant-based diet:

The diet is naturally **lower in energy or calories** and hence is associated with a **healthier body weight**. People tend to
be able to eat more, without worrying about
calorie counting, and **feel fuller for longer**.

It is **high in fibre**, a nutrient that is key for improving health and associated with lower rates of heart disease, type 2 diabetes, and certain cancers, whilst supporting better gut health.

Low in saturated fat and higher in healthy fats, which helps to keep blood cholesterol level within the healthy range and thus lowers the risk of heart disease.



It is **high in plant nutrients** (phytonutrients) that have **anti-inflammatory properties** and help to **keep blood vessels healthy**. This results in a **blood pressure lowering** effect and **reduced symptoms of inflammation** such as arthritis.

Plant sources of protein are associated with lower rates of heart disease, type 2 diabetes, and cancer.

Low in refined grains and sugars, which supports a healthier body weight and reduces the risk of heart disease, and type 2 diabetes.

Consume whole fruit without worry, as the sugar in fruit comes **packaged with fibre** and lots of other **beneficial nutrients**. It's best to minimise fruit juices.

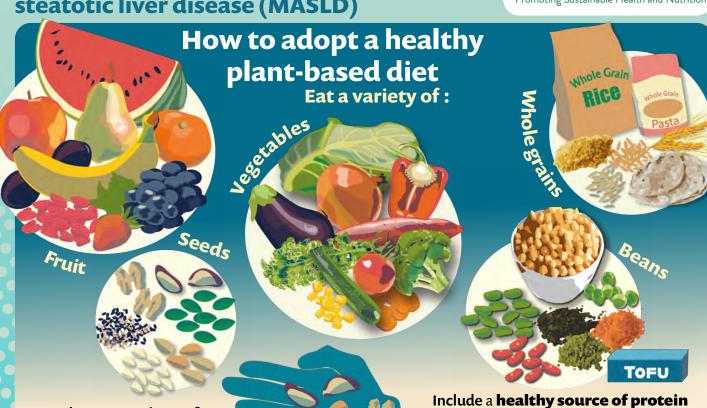
Fibre, plant protein and healthy plant fats support better blood glucose control and can make managing type 2 diabetes easier and even result in remission of the condition.

It is adaptable to a wide range of traditional and cultural diet patterns, including Indian, African, Caribbean, South American and more.

It is **delicious**, **nutritious** and **more** affordable. In general, a plant-based diet costs around **one third less** than the typical British diet.



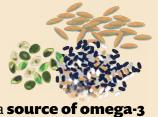




Eat at least 5 portions of a variety of fruit and vegetables a day but aim for more, as this will have additional benefits for health.

Include a **portion of nuts** on most days - a handful is about the right size.

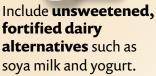
Include a healthy source of protein at each meal. All plant foods contain some protein. Higher amounts are found in beans, pulses, lentils, Quorn™/mycoprotein, soya protein, tofu and tempeh.



Include a source of omega-3
fats everyday. This can include
a tablespoon of chia seeds or
ground flaxseeds (linseeds), or two
tablespoons of hemp seeds or six
walnut halves daily.

Include unsweetene fortified dairy

Avoid high-sugar foods and beverages, and minimise the consumption of processed foods.



Processed and packaged foods are usually high in fat, salt or sugar. Have these less often, if at all, and only in small amounts.



Keep well hydrated, mainly drinking water.

Don't forget to supplement with vitamin D in the winter months. It may be sensible to supplement all year round, regardless of diet pattern.



Tea and coffee are fine to include if you enjoy these drinks, as long as you are not adding lots of sugar. Coffee consumption may even be beneficial for liver health.

Make sure you get an adequate amount of **vitamin B12**. A supplement is the safest, most reliable and affordable way of ensuring this.

the quantity as oils are high in calories. Choose a high quality oil such as extra virgin olive oil or rapeseed oil. Avoid coconut and palm oil.

B12



Healthy habits

Gradually build up **physical activity** to meet recommendations of **150 minutes of moderate activity per week** or **75 minutes of vigorous activity per week**.

Moderate activity is when the activity you are doing makes you breathless so you can no longer sing but you can still speak in short sentences. Vigorous activity is such that even speaking in short sentences is difficult.

If you can, aim for at least 30 minutes of moderate-intensity exercise, such as brisk walking, most days of the week.

For improving health and to prevent muscle loss whilst losing weight, incorporate strength building exercises at least twice a week for 20 minutes. This does not have to mean going to the gym or expensive equipment. You can build muscle strength by using your own body weight to start making your muscles work harder.

This can include push ups, shoulder raise, abdominal crunches and squats. Using resistance bands and some light weights can be a useful addition.

Manage stress. Psychological stress due to everyday life events can take its toll on physical health. Make sure to incorporate activities into your routine that you enjoy and help you to relax. This can include mindfulness activities, meditation practice, listening to music, yoga, psychotherapy, reading, spending time in nature, or with friends and loved ones.

Make sure to get **good quality**and sufficient sleep, keeping a
regular sleep routine. 7-9 hours per
night is ideal. Poor sleep quality
can make weight loss and glucose
management even more difficult.

Other recommendations

Consult a dietitian

For a **personalised diet plan**, consult a registered dietitian or a healthcare professional who **specialises in liver health**.

Intermittent fasting/time restricted eating

This can be useful for some people but be sure to discuss this with a **qualified healthcare provider** who understands your specific health conditions.

Regular check-ups with your healthcare provider are crucial to monitor the **health of your liver** and adjust your treatment plan as needed.

For more details advice on adopted a plant-based diet, please refer to our Plant-Based Eatwell Guide.



Key references and resources

https://plantbasedhealthprofessionals.com Plant-Based Eatwell Guide http://tinyurl. com/5tzc9m9m

<u>Free factsheets</u> from Plant-Based Health Professionals UK www.pbhp.uk/factsheets <u>Plant-Based on a Budget</u> http://tinyurl. com/55n4n95d

Alferink LJ, Kiefte-de Jong JC, Erler NS, Veldt BJ, Schoufour JD, de Knegt RJ, Ikram MA, Metselaar HJ, Janssen H, Franco OH, Darwish Murad S. Association of dietary macronutrient composition and non-alcoholic fatty liver disease in an ageing population: the Rotterdam Study. Gut. 2019 Jun;68(6):1088-1098. doi: 10.1136/gutjnl-2017-315940. Epub 2018 Jul 31. PMID: 30064987

Allen AM, Therneau TM, Ahmed OT, Gidener T, Mara KC, Larson JJ, Canning RE, Benson JT, Kamath PS. Clinical course of non-alcoholic fatty liver disease and the implications for clinical trial design. J Hepatol. 2022 Nov;77(5):1237-1245. doi: 10.1016/j.jhep.2022.07.004. Epub 2022 Jul 16. PMID: 35843374; PMCID: PMC9974107.

Chiu TH, Lin MN, Pan WH, Chen YC, Lin CL. Vegetarian diet, food substitution, and nonalcoholic fatty liver. Ci Ji Yi Xue Za Zhi. 2018 Apr-Jun;30(2):102-109. doi: 10.4103/tcmj. tcmj_109_17. Erratum in: Ci Ji Yi Xue Za Zhi. 2018 Jul-Sep;30(3):194. PMID: 29875591; PMCID: PMC5968737.

Huang DQ, El-Serag HB, Loomba R. Global epidemiology of NAFLD-related HCC: trends, predictions, risk factors and prevention. Nat Rev Gastroenterol Hepatol. 2021 Apr;18(4):223-238. doi: 10.1038/s41575-020-00381-6. Epub 2020 Dec 21. PMID: 33349658; PMCID: PMC8016738.

Hydes TJ, Ravi S, Loomba R, E Gray M. Evidence-based clinical advice for nutrition and dietary weight loss strategies for the management of NAFLD and NASH. Clin Mol Hepatol. 2020 Oct;26(4):383-400. doi: 10.3350/cmh.2020.0067. Epub 2020 Jul 17. PMID: 32674529; PMCID: PMC7641567.

Kahleova H, Petersen KF, Shulman GI, Alwarith J, Rembert E, Tura A, Hill M, Holubkov R, Barnard ND. Effect of a Low-Fat Vegan Diet on Body Weight, Insulin Sensitivity, Postprandial Metabolism, and Intramyocellular and Hepatocellular Lipid Levels in Overweight Adults: A Randomized Clinical Trial. JAMA Netw Open. 2020 Nov 2;3(11):e2025454. doi: 10.1001/jamanetworkopen.2020.25454. Erratum in: JAMA Netw Open. 2021 Jan 4;4(1):e2035088. Erratum in: JAMA Netw Open. 2021 Feb 1;4(2):e210550. Erratum in: JAMA Netw Open. 2021 May 3;4(5):e2115510. PMID: 33252690; PMCID: PMC7705596.

Kassam S, Dehghan L, Freeman L. How to help patients transition to a healthy and sustainable plant-based diet. Br J Gen Pract. 2021 Feb 25;71(704):127. doi: 10.3399/bjgp21X715121. PMID: 33632689; PMCID: PMC7909932.

Li X, Peng Z, Li M, Zeng X, Li H, Zhu Y, Chen H, Hu A, Zhao Q, Zhang Z, Wang H, Yuan C, Yang W. A Healthful Plant-Based Diet Is Associated with Lower Odds of Nonalcoholic Fatty Liver Disease. Nutrients. 2022 Oct 2;14(19):4099. doi: 10.3390/nu14194099. PMID: 36235752; PMCID: PMC9572274.

Lv Y, Rong S, Deng Y, Bao W, Xia Y, Chen L. Plant-based diets, genetic predisposition and risk of non-alcoholic fatty liver disease. BMC Med. 2023 Sep 12;21(1):351. doi: 10.1186/s12916-023-03028-w. PMID: 37697334; PMCID: PMC10496397.v

Mazidi M, Kengne AP. Higher adherence to plant-based diets are associated with lower likelihood of fatty liver. Clin Nutr. 2019 Aug;38(4):1672-1677. doi: 10.1016/j.clnu.2018.08.010. Epub 2018 Aug 21. PMID: 30578029.

Springmann M, Clark MA, Rayner M, Scarborough P, Webb P. The global and regional costs of healthy and sustainable dietary patterns: a modelling study. Lancet Planet Health. 2021 Nov;5(11):e797-e807. doi: 10.1016/S2542-5196(21)00251-5. Epub 2021 Oct 27. Erratum in: Lancet Planet Health. 2021 Dec;5(12):e861. PMID: 34715058; PMCID: PMC8581186.

